

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-660615

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9	1	0				
10		1				
11		1				
12		1				
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TOTAL IND.	2	↓	↓	↓	↓	↓
TOTAL DEP.	23	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	↓	↓	↓	↓	↓	↓

BEST AVAILABLE COPY